

" Imminent Danger "

ND MISS. FORM P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

James C. Winding #K8115
Plaintiff

v.

CASE NO. 4:23-cv-00024-MPM-RP

Burl Cain, MDOC Commissioner, et. al
Defendant

PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT

1. The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows:

A. Legal name:

James C. Winding

B. Name under which sentenced:

James C. Winding

C. Inmate identification number:

K8115

D. Plaintiff's mailing address (street or post office box number, city, state, ZIP):

MSP, Unit 26A, B-Zone, Bed #90

Parchman, MS

E. Place of confinement:

Parchman, MS

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action:

Name:

① Burl Cain

Title (Superintendent, Sheriff, etc.):

Commissioner

Defendant's mailing address (street or post office box number, city, state, ZIP)

301 N. Lamar Street
Jackson, MS 39201

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②

Name:

Title (Superintendent, Sheriff, etc.):

Defendant's mailing address (street or post office box number, city, state, ZIP)

Donald Faucett, M.D.
Chief Medical Officer
MDOC, 301 N. Lamar St
Jackson, MS 39201

③

Name:

Title (Superintendent, Sheriff, etc.):

Defendant's mailing address (street or post office box number, city, state, ZIP)

Timothy J. Donovan MD
Deputy Medical Director
MDOC, 301 N. Lamar Street
Jackson, MS 39201

④

Name:

Title (Superintendent, Sheriff, etc.):

Defendant's mailing address (street or post office box number, city, state, ZIP)

VitalCore
Chief of Staff/Owner
Unit 42 Hospital
Parchman, MS 38738

(If additional Defendants are named, provide on separate sheets of paper the complete name, title, and address information for each. Clearly label each additional sheet as being a continuation of Question 2).

3. Have you commenced other lawsuits in any other court, state or federal, dealing with or pertaining to the same facts that you allege in this lawsuit or otherwise relating to your imprisonment? ☒ Yes ☐ No

4. If you checked "Yes" in Question 3, describe each lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuit(s) on separate sheets of paper; clearly label each additional sheet as being a continuation of Question 4.

A. Parties to the lawsuit:

Plaintiff(s):

Defendant(s):

B. Court:

D. Judge's Name:

F. Date decided:

C. Docket No.:

E. Date suit filed:

G. Result (affirmed, reversed, etc.):

5. Is there a prisoner grievance procedure or system in the place of your confinement? ☒ Yes ☐ No

6. If "Yes," did you present to the grievance system the same facts and issues you allege in this complaint? (See question 9, below). ☒ Yes ☐ No

7. If you checked "Yes" in Question 6, answer the following questions:

more Defendants

Next
page

Additional
Named
Defendant(s)

⑤. management Training Corp.
"OWNER"
Emcf
10641 Hwy 80 West
Meridian, ms 39307

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A. Does the grievance system place a limit on the time within which a grievance must be presented?

☒ Yes

☐ No

B. If you answered "Yes," did you file or present your grievance within the time limit allowed?

☒ Yes

☐ No

C. The court must find that you exhausted the prison's grievance system and administrative remedies before it can consider this Complaint. State everything you did to present your grievance(s). Be specific. Include the date(s) on which you filed or presented your grievances to prison officers; identify the officer(s). State your claim(s) exactly.

I FILED A Sensitive ARP August 15, 2022
 AND FILED ANOTHER Sensitive ARP November 29, 2022
 I Wrote A Letter to MDOC Commissioner

(See) ATTACHED A, B, C, D, E, F
 made many attempts to Exhaust
 this ARP Remedy
 "Suffering Ciren. Damage"

D. State specifically what official response your grievance received. If the prison provides an administrative review of the decision on your grievance, state whether you applied for that review and what the result was.

(See) ATTACHED A, B, C, D, E, F
 made many attempts to Exhaust
 this ARP Remedy
 "Suffering Ciren. Damage"

"Imminent
Damage"

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Special Note: Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

8. If you checked "No" in Question 6, explain why you did not use the grievance procedures or system:

(See) Attached A, B, C, D, E, F
made many attempts to Exhaust
All Remedy

9. Write below, as briefly as possible, the facts of your case. Describe how each Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.

ON December 20, 2022 I finally
Received Written proof of evidence of
me Suffering "Liver Damage" (See) Attached
Exhibit "A". AS of 1/30/2023 I am
in MAJORLY PAIN. Prior to this I
have been Suffering in Pains for over
(1) one year in half.

→ * All NAMED Defendant(s) acted with
deliberate Indifference by their failure
to train, monitor and Disregarded the
Liver Damage Warning by Continue Ordering
"Cheap" ongoing pain pills and on E.T.C
(This is Medical Neglect) to my Safety
and Health.

All NAMED Defendant(s) failure to
Discipline there Employee's Responsible

(See) Estelle V. Gamble 429 US-97 (1976)
Suffering Chronic Pain

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- for issuing such order of Abuse
that cause "Lives Damage" to me.
AS of 1/30/23 Defendants still
giving me Life threatening medication!!
~~Suffering Chronic Pain~~
10. State briefly exactly what you want the court to do for you. Do not make legal arguments. Do not cite legal authority.

That all NAMED Defendants
pay \$100,000 to be sent to
plaintiff winding prison accounts.
"This is my only Amount Requested!"
further provide the treatment
that is required to save plaintiff
Life.
Any such Relief this Court
deems Just.

This Complaint was executed at (location):

msp

and I declare or certify or verify or state under penalty of perjury that this Complaint is true and correct.

Date:

1/30/2023

James C. Hinds

Plaintiff's Signature

"Additional Statement of Claim"

ON 1/29/2023 (Sunday), @ 12:00 Noon
I was taken to Parchman Unit 42 Hospital
for Lab Result and pain in the Lower Level
of my Right Side.

The CFN, A. Brown Was on Site/call. A. Brown
Review the Labs, in told me that my Liver
is indeed damage.

CFN, A. Brown Sent email to her Supervisor
for further Advisement.

No medication was issue. Pain was
untreated ~~due~~ to investigation. However
All mess need to be Stayed.

"End of Statement"

Mr. James Windy #K8115
msp
Unit 26A, B-zone, bed #90
Parchman, MS 38738

To: Clerk, USDC
203 Gilmore Drive
Amory, MS 38821



RE: "Imminent Danger"
Under (3) Strike LAW
(See) Southern District Court Records

Dear Hon. Clerk,
ENCLOSED please find

① Imminent Danger 1983 Complaint, ② Motion
for Temporary / Stay and TRO / Injunction
Relief, and ③ Application in Forma pauperis
Status, to be filed in your usual manner.

1/31/2023
DATE

Respectfully
James Windy, pro se